

# Medical Assistance Provider Bulletin

**Attention:** Providers of Intensive In-Home Treatment Services and Mental Health Day Treatment Services for Severely Emotionally Disturbed Children and Adolescents

**Subject:** WMAP Reimbursement for Intensive In-Home Treatment And Mental Health Day Treatment for Severely Emotionally Disturbed Children and Adolescents

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Department of Health and Social Services, Division of Health,  
Bureau of Health Care Financing, P.O. Box 309, Madison, Wisconsin 53701

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## **I. INTRODUCTION**

This Medical Assistance Provider Bulletin (MAPB) contains information on reimbursement through the Wisconsin Medical Assistance Program (WMAP) for intensive in-home treatment and day treatment services for severely emotionally disturbed (SED) children and adolescents through the HealthCheck "Other Services" option.

Please review all materials carefully. These materials will give you background information on who may provide HealthCheck "Other Services", provider certification, services which may be reimbursed, recipient eligibility criteria, prior authorization, and billing. References will be made to the various attachments and to other resources available through the WMAP.

The instructions and guidelines in this MAPB apply to recipients who are eligible for fee-for-service Medical Assistance. Coverage of services for individuals enrolled in WMAP-contracted Health Maintenance Organizations (HMOs) are subject to the requirements of the enrolling HMO. Providers must contact the recipient's HMO, as identified on the Medical Assistance identification card, prior to delivering services to determine whether the services are covered.

*All prior authorization requests received by EDS on or after December 1, 1992, must be submitted on the prior authorization request forms included in this MAPB.*

If you have further questions after reviewing these materials you may contact:

Bureau of Health Care Financing  
Attn: Mental Health/AODA Policy Analyst  
P.O. Box 309  
Madison, WI 53701

(608) 266-8473

## **II. THE HEALTHCHECK PROCESS**

### **A. *What is HealthCheck?***

HealthCheck is the name that the WMAP has given to a federally mandated Medical Assistance benefit known federally as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). HealthCheck is designed to ensure regular, comprehensive medical screening of Medical Assistance recipients under the age of 21. The screening includes review of growth and development, identification of potential physical or developmental problems, preventive health education, and referral and assistance to appropriate providers of service. The screens must be performed by, or under the supervision of a physician, physician's assistant, nurse practitioner, public health nurse, or registered nurse. A variety of agencies employing these individuals may be certified to provide HealthCheck screenings.

### **B. *What are HealthCheck "Other Services"?***

Although HealthCheck screeners are required to make referrals for the treatment of conditions discovered during a HealthCheck exam, the required services may or may not be covered by the WMAP. Congress recognized that states differ significantly in the scope of their Medical Assistance coverage since many services are available at a

state's option (such as dental services, prescription drugs, and physical therapy ). As a result, the federal Omnibus Budget Reconciliation Act (OBRA) of 1989 mandated that states make available any services allowable under federal Medicaid regulations which are necessary to correct or ameliorate a condition or defect discovered during a HealthCheck exam. HealthCheck "Other Services" are only available to HealthCheck-eligible recipients. While it was believed that this mandate was directed primarily toward states which did not cover many of the optional services, it was recognized that Wisconsin's fairly comprehensive Medical Assistance program did not cover some services which are allowable under the federal regulations. It is these services, which are not part of our regular Medical Assistance benefit, which are referred to as HealthCheck "Other Services."

**C. Covered HealthCheck "Other Services"**

The federal mandate for HealthCheck "Other Services" allows reimbursement for any federally allowable services. However, states retain the discretion to develop criteria for determining when services are medically necessary, and for determining the amount, duration, and scope of the services provided. States may also develop reasonable criteria regarding the qualifications providers must possess to provide the services.

The WMAP, in consultation with Wisconsin's Office of Mental Health and Office of Alcohol and Other Drug Abuse, has identified in-home treatment services (for emotional problems or alcohol and other drug abuse problems) and mental health day treatment services, which are often necessary for SED youth, as potential HealthCheck "Other Services." (AODA day treatment is already covered by the WMAP for youth.) While other services may be covered under the "Other Services" mandate, these two services are seen as supportive of the development of a community-based system of care for SED youth. Therefore, the WMAP has developed unique prior authorization attachments and instructions for providers seeking authorization for these services. (Refer to Attachments 3 through 6 of this MAPB ).

*When treatment for conditions discovered through a HealthCheck screening is available through the regular WMAP benefit package, then the services must be provided through the regular benefit. It is important, therefore, for providers to address why the regular mental health or AODA benefits are not appropriate for those individuals for whom in-home treatment or day treatment are being requested.*

Providers interested in learning more about the HealthCheck process or becoming certified as a HealthCheck screener should contact:

Bureau of Health Care Financing  
Attn: HealthCheck Outreach Coordinator  
P.O. Box 309  
Madison, WI 53701 (608) 266-9438

Providers interested in receiving a listing of HealthCheck screeners in their area should contact:

EDS

Attn: EDS Correspondence Unit for Policy/Billing Information  
6406 Bridge Road  
Madison, WI 53784-0006

1-800-947-9627 or 608-221-9883

### **III. RECIPIENT ELIGIBILITY FOR HEALTHCHECK "OTHER SERVICES"**

Recipients are eligible for mental health-related HealthCheck "Other Services" when the following conditions are met:

1. The recipient is Medical Assistance-eligible on the date of service. Providers are reminded to check the recipient's Medical Assistance identification card to verify eligibility. Prior authorization does not guarantee payment if a recipient loses eligibility. Providers are referred to the Medical Assistance Provider Handbook, Part A, Section V for more information on recipient eligibility.
2. The recipient has had a comprehensive HealthCheck screening and has been referred either to the particular treatment service being requested, or for further evaluation of the mental health or AODA conditions. If the referral is to the particular treatment service and the HealthCheck screener is not a physician, then a physician's prescription is also required. If the referral is for further evaluation, a physician's prescription is required for the particular service subsequent to the evaluation.
3. The recipient meets the definition of severely emotionally disturbed as it is outlined in the Prior Authorization In-Home Treatment or Day Treatment Attachments. (Refer to Attachments 4 and 6 of this MAPB.)
4. The provider receives prior authorization from the WMAP.

### **IV. PRIOR AUTHORIZATION**

All HealthCheck "Other Services" require prior authorization. In-home treatment providers must complete the Prior Authorization Request Form (PA/RF), the Prior Authorization In-Home Treatment Attachment (PA/ITA) and attach the required documentation. Refer to Attachments 1, 2, 3, and 4 of this MAPB for sample prior authorization forms and completion instructions.

Child/Adolescent Day Treatment providers must complete the Prior Authorization Form (PA/RF), the Prior Authorization Child/Adolescent Day Treatment Attachment (PA/CADTA) and attach the required documentation. Refer to Attachments 1, 2, 5, and 6 of this MAPB for sample prior authorization forms and completion instructions.

Completed requests must be mailed to:

EDS

Attn: Prior Authorization Unit--Suite 88  
6406 Bridge Road  
Madison, WI 53784-0088

Providers should carefully review the prior authorization instructions to ensure that all the requested information is correctly provided. Missing or incomplete information results in requests being returned to the provider for corrections or additional information.

When requested, initial prior authorization requests may be backdated up to two weeks prior to the initial date they were received at EDS if the clinical information supports the need for treatment to begin before obtaining approval (even if requests are returned to the provider for additional information). However, no requests are approved for a start date which precedes the date of the HealthCheck referral. The prior authorization instructions describe the normative authorization amounts and instructions for requesting a continuation of a prior authorization request. Requests for continuation of an authorization must be received at EDS prior to the expiration of the previous authorization.

## **V. DOCUMENTATION**

Providers must maintain a clinical record for each recipient which contains the recipient's treatment plan and progress notes, signed by the performing provider, for all services billed to the WMAP. The notes must clearly indicate the date the services were provided, the nature of the services provided, and the professional staff involved in the provision of services. Documentation must be sufficient to allow a determination that the services provided were consistent with the services outlined in the treatment plan, and that the services meet WMAP requirements.

## **VI. ADDITIONAL INFORMATION**

Providers of HealthCheck "Other Services" have the same rights and responsibilities as all other WMAP providers. Providers should carefully review the Medical Assistance Provider Handbook, Part A for general program policy and information.

## **VII. INTENSIVE IN-HOME TREATMENT**

### **A. *General Description of Service***

Intensive in-home treatment is a combination of individual and family treatment modalities. Treatment services must be identified in the recipient's in-home treatment plan. Measurable goals and the intensity of treatment should be consistent with the assessment conducted on the child and with a multi-agency treatment plan. (See the Prior Authorization In-Home Treatment Attachment instructions in Attachment 3 of this MAPB for more information on the multi-agency plan requirement.) Methods of intervention should meet professional standards of practice.

Services which are primarily social or recreational are not reimbursable by the WMAP. However, this should not be construed as implying that appropriate clinical interventions that employ social or recreational activities to augment the therapeutic process, such as play therapy, are not covered. The treatment plan should be used to clearly identify the relationship of the planned interventions to the treatment goals.

The WMAP reimburses up to eight hours per week of direct treatment services to the family (some of these treatment hours may involve more than one therapist). Reasonable travel time is separately reimbursed. All services provided must be directly related to the recipient's emotional disturbance. Services delivered to other family members, either as a group or individually, must relate directly to the SED

child's mental illness. Services to the parent or primary caregiver which relate to parenting skills are appropriate when the documentation shows that behavioral problems may be related to inadequate or inappropriate parenting skills. The treatment plan must outline the measurable goals of this intervention.

Services directed at the primary mental health or AODA problems in the parent or caregiver are not reimbursable under HealthCheck "Other Services" even though such treatment may indirectly benefit the child. These treatment services may be covered under the other WMAP mental health or AODA benefits and are subject to the policy associated with these other benefits.

**B. *Who May Provide Services***

Intensive in-home treatment services must be provided by an outpatient psychotherapy clinic certified under Chapter HSS 61.91-61.98, Wis. Adm. Code and certified with the WMAP under HSS 105.22, Wis. Adm. Code. Clinics may be 51.42 Board-operated or private.

The in-home treatment team must consist of two individuals, at least one of whom is a WMAP-certified psychotherapy provider. Please see the WMAP Provider Handbook, Part H, Division I or II for a description of eligibility to become a WMAP-certified psychotherapy provider. Providers at 51.42 Board-operated clinics or hospital outpatient facilities, who are not required to receive their own performing provider number for outpatient services, must receive a performing provider number in order for the clinic to be reimbursed for in-home treatment services. Providers in private clinics use the provider number already assigned to them.

The second team member must meet one of the following qualifications:

- An individual who possesses at least a bachelor's degree in a behavioral science, an RN, an occupational therapist, a WMAP-certified AODA counselor or a professional with equivalent training. In addition, the second team member must have at least 1,000 hours of supervised clinical experience working in a program whose primary clientele are emotionally disturbed youth, or;
- Other individuals who have had at least 2,000 hours of supervised clinical experience working in a program whose primary clientele are emotionally disturbed youth.

The second team member does not need separate WMAP certification but must work under the supervision of the certified psychotherapy provider. The certified psychotherapy provider's performing provider number is used to bill for services performed by the second team member.

The second team member may also be a WMAP-certified psychotherapy provider. However, for billing purposes, this person is identified as the second team member and is reimbursed at a lower rate.

**C. Certification**

**Providers meeting the eligibility criteria outlined above must be appropriately certified with the WMAP in order to obtain reimbursement for in-home treatment services.**

WMAP-certified private outpatient psychotherapy clinics wishing to provide in-home treatment do not require any additional certification.

Board-operated clinics wishing to provide in-home services can use their outpatient clinic billing number. However, performing providers with these agencies who do not currently have a performing provider number need to contact EDS to obtain a provider number.

Hospitals providing outpatient mental health services which are being billed under their hospital provider number must become separately certified by the WMAP as an outpatient psychotherapy clinic provider in order to provide HealthCheck "Other Services."

Providers who meet the eligibility criteria and who wish to become certified in order to provide in-home treatment must contact:

EDS  
Attn: Provider Maintenance  
6406 Bridge Road  
Madison, WI 53784-0006

Prior authorization requests from providers not appropriately certified for in-home treatment or with the WMAP are accepted. However, determination of the provider's eligibility to provide the service occurs concurrently with the review of the prior authorization materials which may delay approval of the request. Providers are strongly encouraged to obtain the appropriate WMAP certification prior to submitting a prior authorization request for one of these services.

**D. Billing Instructions**

Non-board operated (private) outpatient psychotherapy clinics must use the billing instructions found in Part H, Division I of the Medical Assistance Provider Handbook except for the following :

- The following procedure codes, type of service (TOS) codes, and place of service (POS) codes must be indicated:

<u>Procedure Code</u>	<u>TOS</u>	<u>POS</u>	<u>Description</u>
W7027	1	4	In-home treatment, certified psychotherapist
W7028	1	4	In-home treatment, second team member
W7029	1	0	Travel to Intensive In-home Psychotherapy (certified psychotherapist)
W7030	1	0	Travel to Intensive In-home Psychotherapy second team member

- The performing provider number indicated for all procedure codes must be the performing provider number for the certified psychotherapy provider who heads the in-home team, unless the second team member is a WMAP-certified provider. In this instance, the performing provider number of the second team member may be indicated when billing procedure codes W7028 and W7030.

Refer to Attachment 8a of this MAPB for a sample HCFA 1500 claim form for in-home treatment.

Board-operated outpatient psychotherapy clinics must use the billing instructions found in Part H, Division II of the Medical Assistance Provider Handbook except for the following:

- The provider will use the procedure codes, type of service codes and place of service codes noted above.
- A performing provider number must be indicated in element 24K of the HCFA 1500 claim form. For all procedure codes noted above this will be the performing provider number of the certified psychotherapy provider who heads the in-home team.

Refer to Attachment 8b of this MAPB for a sample HCFA 1500 claim form for in-home treatment.

## **VIII. CHILD/ADOLESCENT MENTAL HEALTH DAY TREATMENT**

### **A. *General Description of Service***

Day treatment services are provided by a multi-disciplinary team as described in HSS 61.75, 61.78 and 61.81, Wis. Adm. Code. These sections describe the Division of Community Services' (DCS) requirements for child/adolescent day treatment providers.

Up to 5 hours per day and 25 hours per week of day treatment services may be reimbursed by the WMAP.

Treatment services must be identified in the recipient's day treatment program treatment plan. Measurable goals must be consistent with the assessment conducted on the child and with a multi-agency treatment plan. (See the Prior Authorization Child/Adolescent Day Treatment Attachment instructions for information on the multi-agency plan requirement). Methods of intervention should meet professional standards of practice. The level of intensity of services must be justifiable based on the psychiatric assessment and the severity of the recipient's condition.

Services which are primarily social or recreational are not reimbursable by the WMAP. However, this should not be construed as implying that appropriate clinical interventions that employ social or recreational activities to augment the therapeutic process are not covered. For example, a group may use a recreational activity to provide a focus for a discussion of styles of relating or communication skills. The treatment plan should be used to clearly identify the relationship of the planned interventions to the treatment goals.



Time spent in day treatment programs associated with public educational activities, including homework time, is not reimbursable by the WMAP. Providers should coordinate these educational activities with their local education authority.

**B. *Who May Provide Services***

Day Treatment services must be provided by a provider who is certified under Chapter HSS 61.75, 61.78 and 61.81 Wis. Adm. Code.

Performing providers in day treatment programs do not need individual certification.

**C. *Certification***

**Providers meeting the eligibility criteria outlined above must be appropriately certified with the WMAP in order to obtain reimbursement for day treatment services.**

All providers wishing to provide child/adolescent day treatment must apply to EDS for a unique billing provider number for this purpose even if the provider has a WMAP provider number for adult day treatment or AODA day treatment. Providers must send a copy of their DCS certification under HSS 61.75, 61.78 and 61.81, Wis. Adm. Code, with their application as proof that they meet the eligibility criteria.

Providers meeting the eligibility criteria who wish to become certified in order to provide day treatment services must contact:

EDS  
Attn: Provider Maintenance  
6406 Bridge Road  
Madison, WI 53784-0006

Prior authorization requests from providers not appropriately certified with the WMAP to provide day treatment are accepted. However, determination of the provider's eligibility to provide the service occurs concurrently with the review of the prior authorization materials and this may delay approval of the request. Providers are strongly encouraged to obtain the appropriate WMAP certification prior to submitting a prior authorization request for one of these services.

**D. *Billing Instructions***

Claim form completion instructions and a sample claim form for child/adolescent day treatment are found in Attachments 7 and 8c of this MAPB . All providers must use procedure code W7081 (TOS 9) for billing all day treatment services. A performing provider number is not required. The place of service is "2" for a hospital based program or "3" for a free-standing program. A referring/prescribing provider number is always required.